

TRAFFIC CONTROL SIGNAL APPLICATION

TO: State Traffic Commission
2800 Berlin Turnpike
P. O. Box 317546
Newington, CT 06131-7546
(860) 594-3020; FAX (860) 594-2377

DATE: _____

FROM: _____
Legal Traffic Authority/Authorized Representative (TYPED)

CITY/TOWN OF: _____

CHECK ONE:

ADDRESS: _____

☐ New
☐ Revision
☐ Removal

SIGNAL LOCATION:

TYPE OF SIGNAL:

i.e. FIXED TIME, ACTUATED, EMERGENCY PRE-EMPTION, BEACON, etc.

HOURS OF OPERATION: **NORMAL:** _____ **TO** _____

FLASH: _____ **TO** _____

IF THIS IS A REVISION TO AN EXISTING SIGNAL, THEN GIVE A BRIEF DESCRIPTION OF THE REVISION:

This application is submitted in accordance with the provisions of Section 14-299 of the General Statutes of the State of Connecticut, as revised, and meets the warrants and design criteria of the regulations of the State Traffic Commission. As the Legal Traffic Authority, I/we do hereby request approval to install, operate and maintain the traffic signal, as described above, and in conformance with the attached traffic signal plans (2 copies). A reproducible copy of the approved plan shall be maintained by the Town. The Town should maintain a record of the operation, malfunctions and maintenance of the signal.

SIGNATURE: _____
Legal Traffic Authority/Authorized Representative

TITLE: _____

